

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000030628**

1. Entity Name

KINSMAN HAULING & EXCAVATION, INC.**FILED****Apr 10, 2000 8:00 am**
Secretary of State

04-10-2000 90164 012 ***150.00

Principal Place of Business

Mailing Address

35310 HIGHWAY 54 WEST
ZEPHYRHILLS FL 33541**35310 HIGHWAY 54 WEST**
ZEPHYRHILLS FL 33541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3568361

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HILL, CARL D**
35310 HIGHWAY 54 WEST
ZEPHYRHILLS FL 33541Name **Marco S. Kinsman**Street Address (P.O. Box Number is Not Acceptable)
35310 Hwy 54 W.City **Zephyrhills** **FL** Zip Code **33541**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Marco S. Kinsman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/00

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing, Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, CARL D	
STREET ADDRESS	35310 HIGHWAY 54 WEST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KINSMAN, MARCO S	
STREET ADDRESS	37046 KINSMAN DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HILL, KIMBERLY A	
STREET ADDRESS	35310 HIGHWAY 54 WEST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marco S. Kinsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/00 (813) 782-7705

Daytime Phone #

CR2E034 (9/99)